

HOUSE BILL REPORT

SHB 2443

As Passed House:
January 28, 2010

Title: An act relating to conforming the uniform controlled substances act to existing state and federal law.

Brief Description: Conforming the uniform controlled substances act to existing state and federal law.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Ericksen, Cody and Morrell; by request of Department of Health).

Brief History:

Committee Activity:

Health Care & Wellness: 1/14/10, 1/15/10 [DPS].

Floor Activity:

Passed House: 1/28/10, 97-0.

Brief Summary of Substitute Bill

- Schedules, deletes, or reschedules 69 drugs, substances, or immediate precursors to bring Washington's Controlled Substances Act into conformance with the Board of Pharmacy rules and federal law.
- Adds osteopathic physician assistants and naturopathic physicians to the definition of "practitioner" in Washington's Controlled Substances Act.
- Adds multiple sclerosis as a disease for which a Schedule II non-narcotic stimulant may be prescribed, dispensed, or administered.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Clibborn, Green, Herrera, Hinkle, Kelley, Moeller and Pedersen.

Staff: Brian Kilgore (786-7119) and Jim Morishima (786-7191).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Background:

Schedules I-V of the Washington Uniform Controlled Substances Act.

The Washington Uniform Controlled Substances Act organizes certain drugs, substances, and immediate precursors in Schedules I through V. An immediate precursor is a chemical compound that: (1) is commonly used in the manufacture of a drug which is itself a controlled substance; (2) is an immediate chemical intermediary; and (3) must be controlled to limit the manufacture of the resultant drug. Drugs, substances, and immediate precursors listed in Schedules I through IV are controlled substances.

The Board of Pharmacy (Board) is authorized to add, delete, or reschedule substances by rule. The Board may rely on findings of the federal Drug Enforcement Agency or the U.S. Food and Drug Administration (FDA) when adding, deleting, or rescheduling a substance. If a substance is designated, rescheduled, or deleted as a controlled substance under federal law, statute directs the Board to take similar action.

Schedules I through V of the Washington Uniform Controlled Substances Act were last updated in 1993. Consequently, the drugs and substances listed in the Washington Uniform Controlled Substances Act do not include any changes since 1993 to Schedules I through V as listed in the rules adopted by the Board or in federal law.

Definition of Practitioner.

The Washington Uniform Controlled Substances Act defines "practitioner" as a physician, physician's assistant, osteopathic physician, surgeon, optometrist, dentist, podiatric physician or surgeon, veterinarian, registered nurse, advanced registered nurse practitioner, licensed practical nurse, pharmacist, or scientific investigator. A practitioner may administer, dispense, manufacture, and prescribe certain controlled substances under the Washington Uniform Controlled Substances Act.

Both osteopathic physician assistants and naturopathic physicians are currently licensed pursuant to Title 18 RCW to practice medicine in Washington, including the prescription of certain controlled substances, but are not included in the definition of "practitioner" provided in the Washington Uniform Controlled Substances Act.

Multiple Sclerosis.

Multiple sclerosis is a neurological disease which may cause any number of different symptoms, including muscle spasms, speech problems, fatigue, and chronic pain. Since 2003 it has been included in the list of diseases for which the Board allows Schedule II non-narcotic stimulants to be prescribed.

Summary of Substitute Bill:

Schedules I-V of the Washington Uniform Controlled Substances Act.

Schedules I through V of the Washington Uniform Controlled Substances Act will be updated to incorporate changes made to Board rules and federal law since 1993. The following 68 drugs, substances, and immediate precursors to drugs are added, removed, or rescheduled:

Schedule I

- 3,4-methylenedioxy-N-ethylamphetamine and N-hydroxy-3,4-methylenedioxyamphetamine are removed from Schedule I.
- Levo-alphaacetylmethadol is rescheduled from Schedule I to Schedule II.
- Alpha-ethyltryptamine; 4-Bromo-2,5-dimethoxyphenethylamine; 2,5-dimethoxy-4-ethylamphetamine; 2,5-dimethoxy-4-(n)-propylthiophenethylamine; 3,4-methylenedioxy-N-ethylamphetamine; N-hydroxy-3,4-methylenedioxyamphetamine; Alpha-methyltryptamine; 5-methoxy-N,N-diisopropyltryptamine; Gamma-hydroxybutyric acid; Aminorex; N-Benzylpiperazine; Cathinone; and Methcathinone are added to Schedule I.

Schedule II

- Thebaine-derived butorphanol is removed from Schedule II.
- Dronabinol is rescheduled from Schedule II to Schedule III.
- Dihydroetorphine, Oripavine, lisdexamfetamine, remifentanil and Tapentadol are added to Schedule II.

Schedule III

- Embutramide; FDA-approved products containing gamma-hydroxybutyric acid; and Ketamine are added to Schedule III.
- 31 substances are added to the list of Schedule III anabolic steroids, including: 3 β ,17-dihydroxy-5 α -androstane; 3 α ,17 β -dihydroxy-5 α -androstane; 5 α -androstane-3,17-dione; 1-androstenediol; 1-androstenedione; 4-androstenediol; 5-androstenediol; 1-androstenedione; 4-androstenedione; 5-androstenedione; Bolasterone; Calusterone; Δ 1-dihydrotestosterone; 4-dihydrotestosterone; Furazabol; 13 β -ethyl-17 β -hydroxygon-4-en-3-one; 4-hydroxytestosterone; 4-hydroxy-19-nortestosterone; Mestanolone; 17 α -methyl-3 β ,17 β -dihydroxy-5 α -androstane; 17 α -methyl-3 α ,17 β -dihydroxy-5 α -androstane; 17 α -methyl-3 β ,17 β -dihydroxyandrost-4-ene; 17 α -methyl-4-hydroxynandrolone; Methyldienolone; Methyltrienolone; 17 α -methyl- Δ 1-dihydrotestosterone; 19-nor-4-androstenediol; 19-nor-4-androstenedione; 19-nor-5-androstenediol; 19-nor-5-androstenedione; 19-nor-4-androstenedione; 19-nor-5-androstenedione; Norbolethone; Norclostebol; Normethandrolone; and Tetrahydrogestrinone.

Schedule IV

- Dichloralphenazone, carisoprodol, zaleplon, zolpidem, zopiclone, modafinil, sibutramine, fenfluramine, and butorphanol are added to Schedule IV.

Schedule V

- Buprenorphine is rescheduled from Schedule V to Schedule III.
- Lacosamid and Pregabalin are added to Schedule V.

Definition of Practitioner.

The definition of "practitioner" is updated to include osteopathic physician's assistants and naturopathic physicians.

Multiple Sclerosis.

Multiple sclerosis is added to the list of diseases and conditions for which a Schedule II non-narcotic stimulant may be prescribed, dispensed, or administered.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) It is important that we update the Uniform Controlled Substances Act to prevent confusion.

(Opposed) None.

Persons Testifying: Karen Jensen, Department of Health.

Persons Signed In To Testify But Not Testifying: None.